



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050**

September 24, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 4762**

Larisa Kitsak  
Love and Hope, Inc.  
21301 95<sup>th</sup> Avenue West  
Edmonds WA 98020

Adult Family Home License #752266

**IMPOSITION OF CIVIL FINE AND  
IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Ms. Kitsak:

This letter constitutes formal notice of the imposition of a civil fine and conditions on the license for your adult family home, located at **21301 95<sup>th</sup> Avenue West, Edmonds**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine and conditions on the license is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **September 20, 2013**.

**WAC 388-76-10595(8) Resident rights—Advocacy access and visitation rights.   \$500.00**

**The provider failed to insure the resident's right to receive prescribed therapy.**

**WAC 388-76-10615(3)(5)(a-f) Resident rights—Transfer and discharge.               \$500.00**

**The provider failed to ensure a safe and orderly discharge.**

**WAC 388-76-10620(2)(d) Resident rights—Quality of life—General.               \$500.00**

**The provider failed to promote care in a manner that maintained respect.**

The department has determined that the following conditions shall be placed on your adult family home license:

- *Licensee must contact by October 1, 2013, the Washington State Residential Care Council Regional Long Term Care (WSRCC) to schedule training on Resident Rights, treating residents with dignity and ensuring their quality of life.*
- *Training must include Provider, resident manager, and all caregivers.*
- *Licensee must provide the trainer with a copy of the September 20, 2013 Statement of Deficiencies.*
- *The Licensee must notify residents and family members or legal representatives of the training and ensure they have the opportunity to participate at that date or another at their convenience.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the conditions on your license is **September 24, 2013**. As provided in RCW 70.128.160, WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

#### **Plan of Correction/Attestation**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Carol Hundley, Field Manager  
District 2, Unit G  
3906 172nd St NE  
Arlington, WA 98223  
Phone: (360) 651-6864 / Fax: (360) 651-6940

You may contest the civil fine and conditions on the license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$1,500.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360)725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Larisa Kitsak  
Love and Hope, Inc.  
September 24, 2013  
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If you have any questions, please contact Carol Hundley at (360) 651-6864.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 2, Unit G  
RCS District Administrator, District 2  
HCS Regional Administrator, Region 2  
DDD Regional Administrator, Region 2  
WA LTC Ombuds  
Area Agency on Aging, AAA-Sno  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
BAM